ACT 299
Report

Title: Technology Committee

Background: In response to Act 299 of 2011, the Technology Committee is charged with developing recommendations regarding "utilization of technology to simplify the training, delivery, monitoring, and payment of for home and community-based services." The committee developed recommendations regarding the use of technology in three areas:

- **Technology for Training and Education**
- **Technology to Improve Work and Business Processes**
- **Technology to Improve Participant Lives**

The committee was briefed on DHH's current initiatives in each of those areas, some of which are well along in implementation, others which will soon be initiated, and others that have merely been researched.

Goal:
Per Act 299:
"Develop a comprehensive plan to address the delivery of quality services to a person receiving home and community based services," including "utilization of technology to simplify the training, delivery, monitoring, and payment for home and community-based services."

Strategy & Recommendations:

Technology for Training and Education

1. Adopt a Learning Management System (LMS) to provide web-based on-demand training. The LMS should include the following features:
   a. Ability to generate customized reports of course history.
   b. Ability to generate and print certificates showing course completion.
   c. Ability to email users in groups, or individually with specific details and updates.
   d. Unlimited administrative accounts.
   e. Supports industry standard video formats inside of SCORM 1.2 or AIIC packages.
   f. Supports text, image, multimedia, and/or flash content .
   g. Offers unattended, automated student enrollment and self-enrollment.
   h. Instructor can impose class size limits.
   i. Waiting List available when max enrollment met.
   j. Certification tracking for groups of required courses.
   k. Ability to segment courses and make visible to only certain groups of learners.
   l. System available on a subscription basis rather than installing internally.

   Any LMS system and course offering made available through LMS should be compliant with the Americans with Disabilities Act.

2. Develop a library of courses that relate to populations served by OAAS, OBH, and OCDD. Primary user of these courses would be Direct Support Workers (DSW), but courses should also be included that would be useful to all provider types and to support coordinators, and that are relevant to providers and support coordinators at all organizational levels including supervisors, managers, executives, owners, and directors. There should be course offerings that conform with DSW training requirements as specified in the HCBS licensing rule and in Medicaid standards for participation. Continuing Education Units (CEUs) should be provided to the maximum extent possible.

3. DHH should make the courses available to providers for purchase through the LMS. Revenue generated in this fashion should be certified for federal match and used to enhance and improve home and community-based services.

Technology to Improve Work and Business Processes

1. OAAS and OCDD should proceed in implementing electronic, web-based participant tracking and plan of care tools. In so doing, they should assure the following:
   a. That all parties involved in HCBS delivery have, within their appropriate user rights, access to the same, correct, and most current information (for instance, the most current and correct plan of care);
   b. That electronic systems implemented generate timelines and due dates that enable support coordination and provider agencies to schedule and organize their workloads;
   c. That produce aggregate and individual-level reports that allow agencies to conduct internal quality improvement;
   d. That field technology for use of web-based systems by support coordinators includes capacity to print plans of care and other documents in the field.
   e. That DHH systems and field technology for support coordinators and direct support providers evolve to include emerging mobile platforms (e.g., smartphones and tablets) and applications (HTML5, iOS, Android, Windows Phone and Windows 8) to enhance workflows and user experience in order to improve efficiency.

2. DHH should proceed as quickly as possible to implement Electronic Visit Verification (EVV) for home and community-based services. In so doing, DHH should assure the following:
   a. Implementation of a single system that enables not only claims transactions and tracking for state purposes of preventing fraud and abuse; but that also enables and performs provider billing and payroll functions. Industry standard suggests that there may be little to no additional costs in implementing these functionalities, and failure to do so will result in continued discrepancies between claims and paper documents (e.g., individual worker service logs) and other documents created and maintained by providers for purposes of payroll and billing. Billing complexity, and the large opportunity for errors and discrepancies on multiple paper documents completed by provider staff, are a major source of audit findings and billing inefficiency, and will continue to be an issue if the state fails to leverage and make the fullest use of EVV technology for billing, payroll, and claims.
   b. Worker scheduling, service delivery, and quality monitoring functions of the EVV system should also be made available to providers to facilitate delivery of back-up services and for purposes of quality improvement.

c. Provisions will be developed to accept and interface with EVV systems which providers currently have in place.

<u>Technology to Improve Participant's Lives</u>

1. OAAS and OCDD should work with technology developers to establish pilot and demonstration projects for the use of Tele Health and Tele Care technologies with Home and Community-Based Services (HCBS) and Intermediate Care Facility (ICF) populations. Pilots should measure impact of technology on efficiency and outcomes, and demonstrations should serve to educate support coordinators and providers about the utility of technologies that can be funded through HCBS programs.
2. DHH should facilitate an innovations-oriented dialogue between technology developers/providers and those who provide coordination and direct care in the field. Those who provide services to program participants are aware of problems and of how things could be done better; technology developers and providers are aware of solutions and innovations that can improve programs and lives.

Deliverables & Timelines

Category	Deliverable	Target Date
Technology for education & Training	LMT System Available	February, 2013
	Library for DSW Licensing Available	February, 2013
	Further develop library for use by Support Coordinators and other HCBS providers; and pursue CEUs	Ongoing once LMT becomes available
Technology to Improve Business Processes	Completion of Participant Tracking and electronic Plan of Care for OAAS	April, 2012
	Completion of Participant Tracking and electronic Plan of Care for OCDD	January, 2013
	Complete implementation of web-based field technology for SC agencies	August, 2012
	Implement EV&V for waiver and LTPCS personal care services	September, 2012
Technology to Improve Participants' Lives	Implement at least one technology demonstration pilot per DHH program office	October, 2012